

NON-GROUP HEALTH INSURANCE SURVEY

1. What type of plan is your current non-group health insurance policy?
☐ HMO (Health Maintenance Organization)
☐ PPO (Preferred Provider Organization)
☐ POS (Point-of-Service)
☐ Traditional Indemnity Medical Plan
☐ Don't know
2. Overall, how satisfied are you with the **coverage** provided by your current plan/policy?
☐ Very satisfied
☐ Somewhat satisfied
☐ Neither satisfied nor dissatisfied
☐ Dissatisfied
☐ Very dissatisfied
3. How long have you been covered under your current non-group policy?
☐ Less than 1 year ☐ Between 1 and 3 years ☐ 3 years or more
4. Immediately before you were covered by this health insurance policy, did you have health insurance?
☐ Yes ☐ No ***If you answered NO, please skip to question #6.***
5. If you answered YES to question #4, how did you obtain the health insurance you had immediately prior to your current policy?
☐ Through a family member
☐ Through an employer
☐ Through COBRA continuance after leaving a job
☐ Through MassHealth, Medicaid or CommonHealth
☐ Through a MassHealth or Medicaid sponsored program or HMO such as Neighborhood Health, Fallon, Boston HealthNet or Cambridge Network Health
☐ Through CHAMPUS, CHAMPUS VA, VA or other military plan
☐ Purchased it directly from an insurance agent or company other than the one I use now
☐ Through a group such as a labor union, professional association or other group
 What group was that? _____
☐ By some other method What was that? _____
6. If you answered NO to question #4, how long were you uninsured before you purchased this insurance?
☐ Less than 1 year ☐ Between 1 and 3 years ☐ 3 years or more
7. What changed in your circumstances that you currently purchase your health insurance policy directly from this company? _____

8. What is the current premium that you pay for this health insurance policy?
\$ _____ **PER (please check one):** ☐ month ☐ quarter ☐ year
9. Who does this policy cover?
☐ Myself only
☐ Myself plus my spouse
☐ Myself plus my spouse and children

Please continue the survey on the back of this page.

10. In general, do you think the premium amount you pay is:
 ___ about right, ___ a little too much, or ___ much too much?
11. Out-of-pocket expense is all money paid by you for health care, excluding the cost of premiums. This includes the costs of deductibles and co-payments, which are partial payments made in order to receive medical care or prescriptions. Would you say that out-of-pocket expenses *for yourself and all family members* covered under this policy in the year 2000 were approximately:
 ___ Less than \$200 ___ \$1,000-\$1,999
 ___ \$200-\$499 ___ \$2,000 or more
 ___ \$500-\$999 ___ Don't know
12. Has a doctor or other medical caregiver ever suggested a test or treatment for you (or another family member covered by this health plan) that the health plan would not cover or pay for?
 ___ Yes ___ No
 If YES, What were these tests or treatments? _____
 Did you or other family member have that test or treatment anyway?
 ___ Yes ___ No
13. If it were available to you at a lower cost than your current premium, would you buy health insurance that:
 • covered you/your family for only catastrophic medical expenses such as hospitalizations, but you paid out of pocket for routine and less expensive services (such as check-ups, vaccines, office visits, most prescription drugs, etc.) ___ Yes ___ No
 • covered you/your family for most medically necessary services, but only after you paid an annual deductible of \$1,000 ___ Yes ___ No

Please complete the following about yourself:

___ Male ___ Female ___ Age on last birthday ZIP code where you live: _____
 ___ Married ___ Never married ___ Divorced ___ Separated ___ Widowed

Number of people living in your household: ___ Adults ___ Children under 18

Your annual household income: ___ Below \$20,000 ___ Between \$40,000 and \$49,999
 ___ Between \$20,000 and \$29,999 ___ Between \$50,000 and \$59,999
 ___ Between \$30,000 and \$39,999 ___ Above \$60,000

___ Self-employed? ___ Retired? ___ Not Employed? ___ Student? **OR**

___ Employed full time (35 or more hours per week with one employer)? **OR**

___ Employed part time (less than 35 hours per week or 2 or more jobs totaling 35 hours per week)?

If employed, does your employer offer health insurance that you are eligible for? ___ Yes ___ No

If YES, why don't you obtain it through your employer? _____

Would you be willing to participate in a focus group (an in-person small group discussion) later this year about the availability and cost of health insurance in Massachusetts? ___ Yes ___ No

If YES, please fill out the information below.

Name: _____

Address: _____

Telephone Number:

Daytime: _____

Evening: _____

Email address: _____

Thank you very much for answering this important survey. Please return your survey in the enclosed postage-paid reply envelope.

If envelope is misplaced, please return to: Commonwealth of Massachusetts
Division of Health Care Finance & Policy
2 Boylston Street
Boston, MA 02116
Attn: HSMIG